

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

*POC accepted 11/2/06*  
*Yavapai Letter sent*

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/11/2006
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NAME OF PROVIDER OR SUPPLIER

EVERGREEN AT CC HEALTH & REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

3050 N ORMSBY

CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as the result of three complaint investigations conducted at your facility on 9/11/06 and finalized on 10/11/06.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00012492 alleged that the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Provide hospice services to a resident as requested by the resident and her daughter - substantiated with federal deficiencies cited. See Tag F 242.</li> <li>2. Involve a resident's family in care conferences - substantiated with federal deficiencies cited. See Tag F 280.</li> <li>3. Provide the resident with a working call light that prevented a resident to call for help - substantiated with no federal deficiencies cited.</li> <li>4. Retain bed rails on a resident's bed because there was not a medical doctor's order - unsubstantiated.</li> <li>5. Have the resident seen by her physician - unsubstantiated.</li> <li>6. Provide the resident with a medication as ordered - unsubstantiated.</li> </ol>	F 000	<p><b>DISCLAIMER CLAUSE</b></p> <p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLEY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p> <p><b>RECEIVED</b></p> <p>NOV 03 2006</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Administrator*

*11/2/06*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN AT CC HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3050 N ORMSBY</b> <b>CARSON CITY, NV 89703</b>		
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F 000	Continued From page 1  7. Answer call lights because they are too busy - substantiated with federal deficiencies cited. See Tag F 353.  Complaint #NV00012741 alleged that the facility failed to:  1. Provide adequate staffing and that call lights were not answered in a timely manner - substantiated with federal deficiencies cited. See Tag F 353.  2. Provide incontinence care when requested - unsubstantiated.  3. Care for resident in a dignified manner - substantiated with federal deficiencies cited. See Tags F 492 and F 225.  4. Provide good food - unsubstantiated.  Complaint # NV00012852 was a self reported incident of a fall with injury. The incident was substantiated. No deficiencies were cited based on the facilities action prior to and after the fall.  The following regulatory deficiencies were identified:	F 000			
F 242 SS=D	483.15(b) SELF-DETERMINATION AND PARTICIPATION  The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.	F 242	F242 Self-Determination and Participation.  It is the policy of this facility to ensure that a resident has the right to choose activities, schedules, and health care consistent with his or her interests, interact with members of		11/1/06

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F 242	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review it was determined that the facility failed to provide 1 of 2 residents the right to choose health care consistent with their wishes. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted on 9/13/05. She was readmitted on 7/22/06. The resident expired on 8/31/06. The resident had diagnoses of metastatic squamous cell carcinoma, possibly of lung origin, diabetes with neuropathy, chronic atrial flutter, chronic reflux esophagitis, and iron deficiency anemia.</p> <p>A telephone interview with the resident's daughter on 8/29/06 revealed that the facility would not get hospice as requested because Medicaid was not in place. A nurse called her and told her that Resident #1 had refused hospice care and the facility would provide comfort care. The resident told her daughter that hospice was coming.</p> <p>On 9/11/06, at approximately 10:40 AM, the social worker was interviewed regarding Resident #1's hospice situation. The social worker stated she spoke with the resident and her daughter. She stated that she explained the difference between hospice care and comfort care provided by the facility. She stated that comfort care was similar to the services provided by hospice. During the beginning of the conversation she stated that Resident #1 and her daughter did not expect the need for hospice care. Near the end</p>	F 242	<p>the community both inside and outside the facility.</p> <p>No resident was harmed by the alleged failure to follow this policy. All residents have the potential of being affected.</p> <p>The facility social worker was in serviced by the Administrator regarding Hospice services, accommodations of hospice services to residents, and hospice eligibility.</p> <p>The facility interdisciplinary team was in serviced by the Administrator regarding hospice services, accessibility, and ensuring the resident's right of self-determination.</p> <p>The facility Administrator will monitor all hospice inquiries and report any concerns or issues to the CQI committee for review.</p>	

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F 242	<p>Continued From page 3</p> <p>of the conversation she stated that the daughter did want the resident to have hospice care. The record, dated 8/28/06, revealed that the resident requested hospice care. The record also revealed that the resident was also complaining of increased pain. The social worker stated that the reason hospice care was not provided was because the resident was pending Medicaid. She stated that the Medicaid application process would stop if the resident was to go on hospice.</p> <p>On 9/12/06, a telephone interview was conducted with a customer service representative at Medicaid eligibility. She stated that Resident #1 had been approved for Medicaid on 4/4/06, and that it was good for ten months. She stated that someone from the nursing home had called regarding the resident on 8/11/06. She also confirmed that the Medicaid process would not stop if an applicant was pending Medicaid.</p> <p>On 9/12/06, at 4:00 PM, a telephone interview was conducted with the administrator in training. He stated that the facility had a contract with two hospice agencies. He was informed that Resident #1 had been eligible for Medicaid between her readmission date of 7/22/06 and her death on 8/31/06. He was also informed that someone from the facility had called the Medicaid eligibility department on 8/11/06 and should have been aware of the resident's eligibility status. He stated that he would investigate this.</p> <p>On 9/13/06, at 3:20 PM, a telephone interview was conducted with the administrator in training. He stated that he did not know who called the Medicaid eligibility department. He stated that the facility had a meeting with the daughter in which she was explained the pending Medicaid process.</p>	F 242		

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F 242	Continued From page 4 He stated that he discovered the social worker had a misunderstanding of the pending Medicaid process.	F 242		
F 280 SS=D	<b>483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS</b>  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.  This REQUIREMENT is not met as evidenced by:  Based on staff interview and record review it was determined that the facility failed to involve the resident's daughter in care conferences for 1 of 1 residents. (Resident #1)  Findings include:  Resident #1: The resident was admitted on 9/13/05. She was readmitted on 7/22/06. The resident expired on 8/31/06. The resident had	F 280	<b>F280 Comprehensive Care Plans</b>  It is the policy of this facility to ensure the resident has the right to participate in planning care and treatment or changes in care and treatment.  No resident was harmed by the alleged failure to follow this policy and all residents have the potential of being affected.  An audit of all resident admissions within the past 14 days was conducted to ensure that a care conference was held and the resident and/or responsible party was informed and invited to attend.  Upon a new admission to the facility, the Social Services Director or representative will ensure a care conference date is established within 14 days of admission.  The MDS Coordinator will notify all interdisciplinary team members, resident and/or responsible party of the scheduled care conference.  Medical Records will monitor for compliance and report any concerns or issues to the Administrator.	11/1/06

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F 353	Continued From page 7  nursing assistants to care for approximately 90 residents on one day, four nursing assistants to care for these residents on three days, five nursing assistants to care for these residents on one day, and six nursing assistants to care for approximately 90 residents on four days.  Random residents were interviewed. Two of the two residents interviewed stated that call bells were not answered in a timely manner. Both residents were alert and oriented. They answered questions appropriately and made appropriate comments. One resident, who wished to remain anonymous, stated there were only two nurses for around 50 residents on the night of 9/10/06. A review of the staffing pattern revealed that this was accurate. There were two CNA's on the schedule for each unit on the night of 9/10/06. She stated that there was not enough staff. She stated that at times she was forced to wet her pants because there was no staff available to assist her. The second resident stated that it was difficult to obtain help when she needed it. She stated that the call lights worked but that they were not answered in a timely manner.  The resident council minutes, dated 8/15/06, revealed, "no staff to speak to patient - shortage of cna (certified nursing assistants)."	F 353			
F 492 SS=D	483.75(b) ADMINISTRATION  The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.	F 492	F492 Administration  It is the policy of this facility to operate and provide services in compliance with all Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to		11/1/06

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F 492	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and personnel file review it was determined that the facility failed to operate in accordance with Nevada Revised Statutes for 3 of 5 employees. (Employees #1, #2, and #4)</p> <p>Findings include:</p> <p>The Nevada Revised Statute (NRS) 449.179 (1) (c) (d), requires the following:</p> <p>1. "Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>c. Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report, and"</p> <p>d. Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph c."</p> <p>NRS 449.182 required the following:</p> <p>"Each agency to provide nursing in the home, facility for intermediate care, facility for skilled</p>	F 492	<p>professionals providing services in such a facility.</p> <p>No resident was harmed by the alleged failure to follow this policy and all residents have the potential of being affected.</p> <p>Two sets of fingerprints were obtained from Employee #1, 2, and 4, and sent to the Central Repository for Nevada Records of Criminal History.</p> <p>A complete audit of all employee personnel files was conducted by a Business Office Manager representative to ensure all employees have submitted two sets of fingerprints.</p> <p>The Administrator will request a monthly audit of new employees to ensure compliance from the Business Office Manager.</p> <p>The Administrator will report any concerns or trends to the QA/QI committee quarterly.</p>	

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F 492	<p>Continued From page 9</p> <p>nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the Central Repository for Nevada Records of Criminal History and proof that it submitted two sets of fingerprints to the Central Repository for Nevada Records of Criminal History for its report. These records must be made available for inspection by the Health Division at any reasonable time and copies thereof must be furnished to the Health Division upon request."</p> <p>Employee #1: The employee's hire date was in May of 2006. As of 9/11/06, the employee's fingerprints had not been submitted to the Central Repository for Nevada Records of Criminal History. The employee in charge of personnel stated that Employee #1 did not turn in her fingerprints as requested. She stated that sometimes people that are hiding things delay turning in their prints. The administrator in training was asked if there was a policy regarding employees that do not turn in their fingerprints. He stated that the fingerprint issue was identified as a problem and that quality assurance was working on resolving this issue. Employee #1 was alleged to have been very rude to a resident. On 9/11/06, at 11:00 AM, the director of nursing was interviewed. She was asked if anyone had witnessed the employee being rude to residents. She stated that the employee was rude in general. She stated that there were no known instances of verbal abuse (swear words or threats) against the nurse. That she was just rude. Cross reference Tag F 225.</p>	F 492		

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F 492	Continued From page 10 Employee #2: The employee's hire date was 6/9/06. As of 9/11/06, the facility failed to provide proof that two sets of fingerprints were submitted to the Central Repository for Nevada Records of Criminal History on this employee.  Employee #4: The employee's hire date was 8/1/06. As of 9/11/06, the facility failed to provide proof that two sets of fingerprints were submitted to the Central Repository for Nevada Records of Criminal History on this employee.	F 492			

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F 280	Continued From page 5 diagnoses of metastatic squamous cell carcinoma, possibly of lung origin, diabetes with neuropathy, chronic atrial flutter, chronic reflux esophagitis, and iron deficiency anemia.  Resident #1's record was reviewed. No care conference notes were evident in the record. On 9/11/06, at 12:55 PM, the director of nursing (DON) was asked for any care conference notes. She was unable to provide any care conference notes for the resident during the investigation. She stated that the care conference coordinator who sent out the invitations to the care conferences went on sick leave and would not be returning to work. She stated that the care conference coordinator's sick leave time was during a time period that would have affected the resident.	F 280	Trends or concerns identified by the Administrator will be presented to the QA/QI committee.	
F 353 SS=E	483.30(a) NURSING SERVICES - SUFFICIENT STAFF  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.	F 353	<b>F353 Nursing Services – Sufficient Staff</b>  It is the policy of this facility to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident.  No resident was harmed by the alleged failure to follow this policy and all residents have the potential of being affected.  The Director of Nursing will review the month-in-advance staffing schedule with the Staffing Coordinator weekly to ensure sufficient nursing staff is scheduled.  The facility retains and utilizes "registry" C.N.A. services to supplement the	11/1/06

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NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN AT CC HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3050 N ORMSBY</b> <b>CARSON CITY, NV 89703</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 353	<p>Continued From page 6</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a review of complaint intake forms, resident interview and a review of the staffing patterns from 8/25/06 to 9/9/06, it was determined that the facility failed to provide adequate staff to care for all the residents on the evening shift.</p> <p>Findings include:</p> <p>The facility had two nursing stations with two separate units with a census of approximately 90 residents in the last two weeks, 8/25/06 to 9/9/06. There was a long hallway between the two units which would make it difficult for certified nursing assistants (CNA) to float between the units.</p> <p>A review of the nursing assistant assignments for the dates 8/25/06 to 8/31/06, provided by the director of nursing (DON), revealed that between 7:00 PM and 9:00 PM, there were seven nursing assistants to care for approximately 90 residents on one day, six nursing assistants to care for these residents on two days, five nursing assistants to care for these residents on three days, and four nursing assistants to care for these residents on one day.</p> <p>A review of the CNA and nursing assistant in training schedule sheet for the dates 9/1/06 to 9/9/06, provided by the DON, revealed that between 7:00 PM and 5:00 AM, there were three</p>	F 353	<p>requirement for any additional C.N.A. services.</p> <p>Any identifiable staffing compromises will immediately be addressed by the Staffing Coordinator at the earliest possible moment. Unexpected staffing concerns will immediately be brought to the attention of the Director of Nursing and/or facility Administrator for resolution.</p> <p>Unit Managers are responsible to monitor daily staffing schedules and address any potential staffing issues.</p> <p>The facility utilizes a central Staffing Coordinator who is responsible for contacting agency services should an unexpected staffing shortage exist.</p> <p>The Director of Nurses or designee will monitor staffing schedules daily to ensure proper staffing is maintained.</p> <p>The Director of Nurses will present any staffing issues to the Executive Director for further follow-up.</p>		

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